UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:		2 Serial/Patent # _09/644817_		

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			$
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
✓ Petition			$ 130
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 130

8 TO BE REFUNDED BY:

		Treasury Check

10 REASON:

	Overpayment		Credit Deposit A/C #:
	Duplicate Payment	9	5 0 -- 1 0 6 5
	No Fee Due (Explanation):		

Fee unnecessary

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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _Quon_   TITLE: _ATTY_

SIGNATURE: _____   PHONE: _305-9199_

OFFICE: _Petition_

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _Alicia J Kelly_   DATE: _6-11-01_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____	2 Serial/Patent # 08/644 817		

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			$
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
✓ Petition			$ 130
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 130.00

8 TO BE REFUNDED BY:

Treasury Check

10 REASON:	
Overpayment	Credit Deposit A/C #:
Duplicate Payment	9 5 0 -- 1 0 6 5
No Fee Due (Explanation):	

Fee un necessary

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Dillon   TITLE: ATTY

SIGNATURE: _____   PHONE: 305-9199

OFFICE: Petitions

****
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APPROVED: Alicia Kelly   DATE: 6-11-01

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FORM PTO 1577
(01/90)